

OKLAHOMA MIDWIFE DISCLOSURE FORM

Instructions: Per OAC 310:395-5-4, a Licensed or Unlicensed Midwife shall disclose verbally and by use of a disclosure form to a prospective Client at the outset of the professional relationship items 1 through 14 of this section. It must be signed and dated by the Client at the same time the Licensed or Unlicensed Midwife and Client enter into an agreement for services and filed in the Client's medical record. Copies of this disclosure form may be downloaded by visiting the OSDH Midwives Program webpage or requesting a copy by contacting the OSDH Consumer Health Service at CHSLicensing@health.ok.gov.

CLIENT INFORMATION

Client Name: _____
Last First Middle

County: _____

Address: _____
Street Address

City State Zip

PCP: _____
Client's Primary Care Provider (if applicable)

Phone #: _____ E-mail: _____

MIDWIFE INFORMATION

Midwife Name: _____
Last First Middle

License: _____
License# issued by Oklahoma State Department of Health Expiration Date Years of Service as Midwife

Phone #: _____ E-mail: _____

Credentials: _____

DOCUMENTATION CHECKLIST

- Emergency Plan. (OAC 310:395-5-4(a)(10) and OAC 310:395-5-12)
- Conditions outside the scope of practice. (OAC 310:395-5-6)
- Hospital transfer plan or protocol. (OAC 310:395-5-4(a)(7))
- Proof of compliance with continuing education for the licensed midwife's national certification. (OAC 310:395-7-15)

Initials Client must read the statement and initial in the space provided below.

() I have received the documents listed above.

CLIENT ACKNOWLEDGEMENTS

Initials Client must read each statement and initial each in the space provided below.

- () 1. I understand that the Licensed Midwife *does / does not* have malpractice insurance for the practice of midwifery.
- () 2. I understand that there are conditions that are outside the scope of practice of a licensed midwife that will result in a referral, consultation, or transfer of care to a physician. Additionally, the midwife has explained to me any limitations of their skills and practice. I have received a printed copy of the conditions outside the scope of practice of the midwife.
- () 3. I understand that the Licensed Midwife is not a Certified Nurse-Midwife (CNM).

OKLAHOMA MIDWIFE DISCLOSURE FORM (Continued)

RESOURCES

State law requires a Newborn to be tested for certain heritable disorders, hearing screening and hypothyroidism, in the absence of a signed parental waiver.

The scope of practice standards for a Licensed Midwife are listed in OAC 310:395 Licensed Midwives. You may request a copy by contacting the OSDH Consumer Health Service at CHSLicensing@health.ok.gov or visiting the OSDH Midwives Program webpage.

Complaints may be reported by completing a Complaint Form (ODH 457) which may be downloaded by visiting the OSDH Midwives Program webpage or requesting a copy by contacting the OSDH Consumer Health Service at CHSLicensing@health.ok.gov. Complaints will be reviewed by the Advisory Committee on Midwifery and the identity of the complainant will remain confidential from public inspection.

READ CAREFULLY *This agreement may be terminated at any time that the midwife deems it necessary for maintenance of the Client's mental and physical safety or for compliance with OAC 310:395. When termination occurs, the reasons for termination will be given in writing and an alternative source of care recommended. The Client may terminate the agreement at any time.*

Client's acknowledgement of disclosure:

Mother/Client:

Signature

Date

Midwife's acknowledgement of disclosure:

Midwife:

Signature / Lic. No.

Date